



0502004011

EFT-002 (Rev. 01/05)

GEORGIA EFT
ACH-CREDIT
Taxpayer Registration/Authorization Form

1. Taxpayer Name: _____

2. Address: _____

City/State/Zip: _____

3. State Taxpayer ID#: _____

4. Type of Tax Payment: _____

5. 1st Contact Person: _____ Title: _____

Phone: _____ Ext.: _____ Fax: _____

6. 2nd Contact Person: _____ Title: _____

Phone: _____ Ext.: _____ Fax: _____

7. I/we attest that to the best of my/our knowledge the above information is correct and I/we are set up to use the credit method of electronically transferring tax payments.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Please complete and return to by mail or fax to: 404-417-4317 or 404-417-4329

Georgia Department of Revenue
Centralized Taxpayer Registration
P.O. Box 49512
Atlanta, GA 30359-1512